

Fill in this information to identify the case:Debtor name Top Park Services, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 24-03434☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 14, 2024

x 
Signature of individual signing on behalf of debtor

Neil Carmichael Bender, II
Printed name

Manager
Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Top Park Services, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **24-03434**☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **36,428,511.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **36,428,511.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **25,895,022.57****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **34,679.77****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,183,292.26****4. Total liabilities**
Lines 2 + 3a + 3b\$ **27,112,994.60**

Fill in this information to identify the case:Debtor name **Top Park Services, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **24-03434**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

United Community Bank (Last 4 digits of Account Numbers: 1094, 1102, 1144, 1177, 2845, 2035, 2043, 2027, 2068, 2076, 2084, 2092, 2100, 2126, 2134, 2159, 2191, 2209, 2217, 2225, 2233, 1581, 2258, 7390)

3.1. **\$462,494.72**

Dogwood Community Bank (Last 4 digits of Account Numbers: 2956, 3343, 3350, 3368, 3376, 3456)

3.2. **\$322,251.10****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$784,745.82**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. **Steven R. Branch and Linda R. Branch****\$3,500.00**

Debtor **Top Park Services, LLC**
NameCase number (If known) **24-03434**7.2. **Phase Two Properties, LLC****\$2,000.00**8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment8.1. **Selective Insurance Company of America****\$117,940.87**9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$123,440.87**Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>710,997.89</u>	-	<u>0.00</u>	=	<u>\$710,997.89</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>2,110,006.05</u>	-	<u>0.00</u>	=	<u>\$2,110,006.05</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,821,003.94**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

Debtor Top Park Services, LLC
NameCase number (If known) 24-03434

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	Office equipment and furnishings	\$174,313.13	Historical Cost	\$174,313.13

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86.

\$174,313.13

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☐ No

☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Vehicles (see attached Exhibit "A")	\$760,223.37	Historical Cost	\$760,223.37

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Equipment and machinery (see attached Exhibit "A")

\$126,545.64	Historical Cost	\$126,545.64
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51. **Total of Part 8.** Add lines 47 through 50. Copy the total to line 87.

\$886,769.01

Debtor Top Park Services, LLC
NameCase number (If known) 24-03434

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
	Start up expenditures and closing costs	\$1,000,626.00	Historical Cost	\$1,000,626.00

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$1,000,626.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Debtor **Top Park Services, LLC**
Name

Case number (If known) **24-03434**

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

Intercompany Receivables

\$30,637,612.23

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$30,637,612.23

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Top Park Services, LLC**
NameCase number (If known) **24-03434****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$784,745.82	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$123,440.87	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$2,821,003.94	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$174,313.13	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$886,769.01	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$1,000,626.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$30,637,612.23	
91. Total. Add lines 80 through 90 for each column	\$36,428,511.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$36,428,511.00



SCHEDULE A/B, #47 AND #50

EXHIBIT A

Quotation of Commercial Insurance

TOP PARK SERVICES LLC

Quote # 55982600

Policy Period: 12/05/23 to 06/05/24

Policy Auto Schedule

<u>Veh #</u>	<u>State</u>	<u>Year</u>	<u>Make/Model</u>	<u>VIN</u>	<u>Comp Ded</u>	<u>Coll Ded</u>	<u>Premium</u>
001	IL	18	FORD/F-150	1FTMF1CB4JKF39004	1000	1000	\$1,086.00
002	IL	17	GMC/CHEVY/1500	1GCNCNEH7HZ384214	1000	1000	\$1,212.00
003	IL	09	FORD/E150	1FTNE14WX9DA75919	1000	1000	\$934.00
004	IL	15	FORD/T150	1FTNR2ZM4FKB09202	1000	1000	\$1,001.00
006	IL	19	KIA/SPORTAGE	KNDPMCAC0K7619415	1000	1000	\$996.00
007	IL	19	KIA/SPORTAGE	KNDPMCAC0K7603831	1000	1000	\$996.00
008	IL	19	KIA/SPORTAGE	KNDPMCACXK7617039	1000	1000	\$996.00
009	IL	19	KIA/SPORTAGE	KNDPMCACXK7617154	1000	1000	\$996.00
010	IL	17	GMC/SIERRA 1500	1GTN1LEH9HZ320850	1000	1000	\$961.00
011	IL	23	KIA/SPORTAGE	5XYK6CAF4PG053462	1000	1000	\$1,141.00
012	IL	16	FORD/T150	1FTYR1YG3GKA10472	1000	1000	\$817.00
014	IL	18	CHEVROLET/EXPRESS 2500	1GCWGAFG3J1905182	1000	1000	\$1,077.00
015	IL	19	PACA/GOOSENECK	53BPTEAZ4KU036743	1000	1000	\$302.00
016	IL	20	PJ TRAILERS/UJ	4P5DD2021L1314778	1000	1000	\$233.00
017	IL	17	FORD/T250	1FTYR1YG4HKA28366	1000	1000	\$897.00
018	IL	12	FORD/F-150	1FTFX1EF9CFC37208	1000	1000	\$711.00
001	NC	17	FORD/T250	1FTYR2ZM6HKA86943	1000	1000	\$1,374.18
002	NC	16	FORD/T250	1FTYR2XM7GKA89769	1000	1000	\$1,526.38
003	NC	16	SUBARU/IMPREZA SEDAN A	JF1GPAP68G8325832	1000	1000	\$1,053.15
004	NC	15	GMC/CHEVY/3500	1GD374CG2F1125525	1000	1000	\$1,771.62
005	NC	14	FORD/F250	1FT7W2BT6EEB74679	1000	1000	\$1,775.74
006	NC	15	FORD/F-150	1FTMF1C83FKD62747	1000	1000	\$1,180.53
007	NC	17	FORD/F750	1FDYF7DC8HDB10521	1000	1000	\$1,993.57
008	NC	18	MITSUBISHI FUSO/FE160	JL6BPK1A4JK002371	1000	1000	\$2,471.54
009	NC	18	FORD/F-150	1FTMF1CB6JKF39005	1000	1000	\$1,373.18
010	NC	17	FORD/T150	1FTYE1ZM1HKB30840	1000	1000	\$1,374.18
011	NC	18	MITSUBISHI FUSO/FE160	JL6BPK1A2JK002546	1000	1000	\$1,917.30
012	NC	18	LSG/INDUSTRIES TR	53BCGED38JU028151	1000	1000	\$285.47
013	NC	20	KIA/SOUL	KNDJ23AU1L7705628	1000	1000	\$1,353.26
014	NC	20	KIA/SOUL	KNDJ23AU1L7713177	1000	1000	\$1,353.26
015	NC	20	KIA/SOUL	KNDJ23AU4L7104164	1000	1000	\$1,353.26
016	NC	13	FORD/F250	1FT7W2B62DEB03746	1000	1000	\$1,368.99
017	NC	17	RAM/1500	1C6RR7FTXHS639825	1000	1000	\$1,425.62
018	NC	17	FORD/F-150	1FTFX1EF0HKC49424	1000	1000	\$1,791.96
019	NC	14	RAM/3500	3C63RPHL4EG239538	1000	1000	\$1,375.26

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.



Quotation of Commercial Insurance

TOP PARK SERVICES LLC

Quote # 55982600

Policy Period: 12/05/23 to 06/05/24

020	NC	12	FORD/F250	1FT7X2BT0CEB10499	1000	1000	\$1,678.52
021	NC	14	CHEVROLET/EXPRESS CARGO	1GCWGF9E1146416	1000	1000	\$1,525.42
022	NC	22	KIA/SOUL	KNDJ23AU7N7172851	1000	1000	\$1,407.21
023	NC	22	KIA/SOUL	KNDJ23AU5N7172962	1000	1000	\$1,407.21
024	NC	22	KIA/SOUL	KNDJ23AU9N7818889	1000	1000	\$1,407.21
025	NC	22	KIA/SOUL	KNDJ23AU5N7818923	1000	1000	\$1,407.21
026	NC	11	FREIGHTLINER/M2 106V	1FVACYDT8BDAX8480	2000	2000	\$2,576.54
027	NC	21	ISUZU/NPR	54DC4J1D6MS206857	2000	2000	\$1,936.64
028	NC	20	RAM/1500 PROMASTER	3C6TRVBG4LE143207	2000	2000	\$1,727.34
029	NC	12	FORD/F-150	1FTFX1ET7CFD02207	2000	2000	\$1,116.70
030	NC	12	FORD/F-150	1FTNF1CT9CKE39030	2000	2000	\$1,116.70
031	NC	21	ISUZU/NPR	54DC4J1D4MS206856	1000	1000	\$2,063.90
032	NC	19	FORD/T250	1FTYR1ZMXKKB11635	1000	1000	\$1,637.58

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.



Quotation of Commercial Insurance

TOP PARK SERVICES LLC

Quote # 55982600

Policy Period: 12/05/23 to 06/05/24

Inland Marine Schedule of Equipment

<u>Item No</u>	<u>Description of Equipment</u>	<u>Limit of Insurance</u>
00001	7X16 18K GOOSENECK ROLL OFF TRAILER	\$20,995.00
00002	10 25YARD CAPACITY (7'X16'X6')	\$77,950.00
00003	17.5 IN. 16 PLY MOUNTED SPARE TIRE & RIM	\$350.00
00004	17.5 IN. 16 PLY MOUNTED SPARE TIRE & RIM	\$350.00
00005	DELUXE FULLY AUTOMATED TARPING SYSTEM	\$1,600.00
00006	DELUXE FULLY AUTOMATED TARPING SYSTEM	\$1,600.00
00007	10 ORANGE CONTAINERS	\$2,000.00
00008	16.5' LONG FLATBED ATTACHEMNET (72 IN. WIDE)	\$5,495.00
00009	16.5IN. LONG FLATBED ATTACHMENT (72IN. WIDE)	\$5,495.00
TOTAL		\$115,835.00

This non-binding proposal is only a summary of premium. It is not a guarantee that the actual premium will not exceed the amount of the proposal. No coverage is provided by this summary nor does it replace any provisions of the final policy. For specific terms and restrictions, refer to the individual policy and coverage forms.

Fill in this information to identify the case:

Debtor name **Top Park Services, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **24-03434**☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	21st Mortgage Corporation <small>Creditor's Name</small> Attn: Ann Wilkins 620 Market Street, Suite 100 Knoxville, TN 37902 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,381,617.70	Unknown

2.2	Northpoint Commercial Finance - TOC <small>Creditor's Name</small> PO Box 731751 Dallas, TX 75373-1751 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$21,513,404.87	Unknown
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Debtor **Top Park Services, LLC**
NameCase number (if known) **24-03434**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$25,895,022.
57**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

21st Mortgage Corporation
PO Box 220
Knoxville, TN 37901Line 2.121st Mortgage Corporation
Attn: Lisa Sumner
4141 Parklake Ave, Suite 200
Raleigh, NC 27612-2333Line 2.1Northpoint Commercial Finance, LLC
251 Little Falls Drive
Wilmington, DE 19808Line 2.2Northpoint Commercial Finance, LLC
PO Box 1445
Alpharetta, GA 30009-1445Line 2.2Northpoint Commercial Finance, LLC
c/o Bradley, Attn: James Bailey
1819 Fifth Avenue North
Birmingham, AL 35203-2120Line 2.2

Fill in this information to identify the case:

Debtor name **Top Park Services, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **24-03434**☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address City of Lumberton Taxes 500 N Cedar Street PO Box 1388 Lumberton, NC 28359-1388	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,076.17	\$2,076.17
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address Daniel McDonald 830 W Jefferson St Springfield, IL 62702	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,364.07	\$3,364.07
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: Wages Owed Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
2.3	Priority creditor's name and mailing address Florida Department of Revenue P.O. Box 6668 Tallahassee, FL 32314-6668	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.4	Priority creditor's name and mailing address Illinois Department of Labor 524 S. 2nd Street, Suite 400 Springfield, IL 62701	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.5	Priority creditor's name and mailing address Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown Unknown
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.6	Priority creditor's name and mailing address Jessica Locklear 2312 Fairgrove Road Fairmont, NC 28340	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$161.47 \$161.47
Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Basis for the claim: Wages Owed Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name	Case number (if known)		
Top Park Services, LLC	24-03434		
2.7 Priority creditor's name and mailing address Maria Chatman PO Box 1011 Bladenboro, NC 28320	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,744.03	\$1,744.03
Date or dates debt was incurred	Basis for the claim: Wages Owed		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.8 Priority creditor's name and mailing address Mark King 643 Caicos Ct Wilmington, NC 28405	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,332.53	\$9,332.53
Date or dates debt was incurred	Basis for the claim: Wage Owed		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9 Priority creditor's name and mailing address NC Division of Motor Vehicles P.O. Box 29620 Raleigh, NC 27626	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,408.39	\$2,408.39
Date or dates debt was incurred	Basis for the claim: Taxes		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10 Priority creditor's name and mailing address Neil C. Bender, II 401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$8,764.96	\$8,764.96
Date or dates debt was incurred	Basis for the claim: Wages Owed		
Last 4 digits of account number	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)		
2.11	Priority creditor's name and mailing address Office of Attorney General State of Florida The Capitol PL-01 Tallahassee, FL 32399-1050	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
2.12	Priority creditor's name and mailing address Robeson County Tax Collector Attn: Jackie Locklear 550 N Chestnut Street Lumberton, NC 28358	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,360.75	\$2,360.75
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address SEC Headquarters 100 F Street, NE Washington, DC 20549	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown
2.14	Priority creditor's name and mailing address Securities and Exchange Commission 801 Brickell Ave., Suite 1800 Miami, FL 33131	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Unknown
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: For Information Purposes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Unknown

Debtor	Top Park Services, LLC Name	Case number (if known)	24-03434
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2.15	Priority creditor's name and mailing address United States Attorney General's Office US Department of Justice 950 Pennsylvania Avenue Washington, DC 20530-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Information Purposes		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.16	Priority creditor's name and mailing address US Attorney Southern District of Florida 500 South Australian Avenue Suite 400 West Palm Beach, FL 33401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	Unknown
	Date or dates debt was incurred	Basis for the claim: For Information Purposes		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

2.17	Priority creditor's name and mailing address US Department of the Treasury PO Box 979101 Saint Louis, MO 63197	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,467.40	\$4,467.40
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address 1st Choice Towing and Recovery 1001 W. 5th Street Lumberton, NC 28358	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$205.00	
	Date(s) debt was incurred	Basis for the claim: Automotive repair and maintenance		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

3.2	Nonpriority creditor's name and mailing address 21st Communities, Inc. Attn: Manager, Officer, Agent P.O. Box 220 Knoxville, TN 37901-0220	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown	
	Date(s) debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.3 Nonpriority creditor's name and mailing address Affordable Resorts, LLC Attn: Manager, Officer, Agent 664 Ben Greene Industrial Park Dr Elizabethtown, NC 28337-9800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4 Nonpriority creditor's name and mailing address Affordable Shred and Storage 115 South Main Street Buffalo, IL 62515 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract vendor services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,709.50
3.5 Nonpriority creditor's name and mailing address Alan Thompson Thompson, Price, Scott & Company, PA 1001 Winstead Dr Suite 255 Cary, NC 27513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6 Nonpriority creditor's name and mailing address All Pro Waste Service, LLC PO Box 2947 Pembroke, NC 28372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract vendor services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,640.00
3.7 Nonpriority creditor's name and mailing address Amazon Business 440 Terry Avenue North Seattle, WA 98109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565.89
3.8 Nonpriority creditor's name and mailing address AmRent, Inc. 250 E Borad St Columbus, OH 43215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,555.90
3.9 Nonpriority creditor's name and mailing address Anequim LLC PO Box 31597 Omaha, NE 68131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434
3.10	Nonpriority creditor's name and mailing address Ascentium Capital #3059 PO Box 11407 Birmingham, AL 35246-3059 Date(s) debt was incurred ____ Last 4 digits of account number 1509	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,165.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Ascentium Capital #3059 PO Box 11407 Birmingham, AL 35246-3059 Date(s) debt was incurred ____ Last 4 digits of account number 0029	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$63,067.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address AT&T Mobility PO Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,771.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address Austin Shapiro 31550 Northwestern Hwy, Suite 220 Farmington, MI 48334 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only - Receiver Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Avidxchange, Inc. 75 Remittance Drive, Suite 6666 Chicago, IL 60675-6666 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,124.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Bank United Attn: Manager 7815 NW 148th Street Miami Lakes, FL 33016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,230.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address Bayside MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
3.17	Nonpriority creditor's name and mailing address Bender Apparel & Signs, Inc. 8400 US HWY 17 Pollocksville, NC 28573 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,581.88
3.18	Nonpriority creditor's name and mailing address Bladen County Tax Office Attn: Manager, Officer, Agent 201 East King St Elizabethtown, NC 28337 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.19	Nonpriority creditor's name and mailing address Blake Y. Boyette Buckmiller, Boyette & Frost, PLLC 4700 Six Forks Rd Suite 150 Raleigh, NC 27609-5288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.20	Nonpriority creditor's name and mailing address Brendan A. Potts 2400 Catalina Lane Springfield, IL 62702-1105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.21	Nonpriority creditor's name and mailing address Brittany Court MHP, LLC Attn: Manager, Officer, Agent 1030 North Grand Ave West East Building Springfield, IL 62702-4040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.22	Nonpriority creditor's name and mailing address Brown Investment Properties, Inc. PO Box 930 Greensboro, NC 27402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only - Receiver</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.23	Nonpriority creditor's name and mailing address Buckmiller, Boyette & Frost, PLLC 4700 Six Forks Road Suite 150 Raleigh, NC 27609-5288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434
3.24	Nonpriority creditor's name and mailing address Bullock MHP, LLC 401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25	Nonpriority creditor's name and mailing address Cadillac Ranch MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address Cape Fear MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Cedarbrook Estates MHP. LLC Attn: Manager, Officer, Agent 1030 North Grand Ave West East Building Springfield, IL 62702-4040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address CHC TN, LLC Attn: Manager, Officer, Agent 3340 Lake View Dr Knoxville, TN 37919-6667 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Chelsey Locklear 450 Canal Road Pembroke, NC 28372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$750.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address Chris Pettit Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,934.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
3.31	Nonpriority creditor's name and mailing address Christopher Pemberton 18121 Airbase Rd Laurinburg, NC 28352 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,550.00
3.32	Nonpriority creditor's name and mailing address City of Lumberton Attn: Manager, Officer, Agent 500 North Cedar St Lumberton, NC 28358-5545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.33	Nonpriority creditor's name and mailing address City of Lumberton - Utilities 500 N Cedar Street PO Box 1388 Lumberton, NC 28358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,081.12
3.34	Nonpriority creditor's name and mailing address Clayton Homes - Tru White Pine Attn: Manager, Officer, Agent 2215 Walnut St White Pine, TN 37890-3709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.35	Nonpriority creditor's name and mailing address Comcast PO Box 70219 Philadelphia, PA 19176-0219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$606.03
3.36	Nonpriority creditor's name and mailing address Concur Technologies, Inc. 62157 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,150.11
3.37	Nonpriority creditor's name and mailing address Countryside MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	24-03434
Top Park Services, LLC 3.38 Nonpriority creditor's name and mailing address County of Hoke Attn: Manager, Officer, Agent P.O. Box 217 Raeford, NC 28376-0217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.39 Nonpriority creditor's name and mailing address Cregger Company, Inc PO Box 3829 Irmo, SC 29063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,654.64
3.40 Nonpriority creditor's name and mailing address Cumberland County Tax Admin. Attn: Manager, Officer, Agent 117 Dick St Room 530 Fayetteville, NC 28301-9604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.41 Nonpriority creditor's name and mailing address Damisha Fairley Attn: Sabrina O. Leshore-Cummings The LeShore Law Firm, PLLC 401 N. Walnut Street Lumberton, NC 28358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.42 Nonpriority creditor's name and mailing address Daniel McDonald 800 The Mark Lane San Diego, CA 92101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,180.00
3.43 Nonpriority creditor's name and mailing address David E. Hunt 35 Patterson Road Lumberton, NC 28358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$825.00
3.44 Nonpriority creditor's name and mailing address Dogwood MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.45 Nonpriority creditor's name and mailing address East Coast Modular Home Builders LLC 4538 Old Allenton Road Lumberton, NC 28358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$103,733.00
3.46 Nonpriority creditor's name and mailing address Eastview MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.47 Nonpriority creditor's name and mailing address Edward A. Golden Williams Overman Pierce, LLP 2501 Atrium Dr Suite 500 Raleigh, NC 27607-6492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.48 Nonpriority creditor's name and mailing address Elan Visa - Time Out LTD PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,892.54
3.49 Nonpriority creditor's name and mailing address England Property Management LLC 225 Parkview Dr Sherman, IL 62684 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,680.00
3.50 Nonpriority creditor's name and mailing address Erickson Cira, Valencia Joseph, et al., Attn: Carl Adam Barrington, III Armstrong Barrington, PLLC 201 Alston Blvd, Suite A Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.51 Nonpriority creditor's name and mailing address Estate of James E. Blount, Jr McIntyre Law Office, PLLC P.O. Box 1 Lumberton, NC 28359-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.52 Nonpriority creditor's name and mailing address Florida State Disbursement Unit PO Box 8500 Tallahassee, FL 32314-8500 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$733.20
3.53 Nonpriority creditor's name and mailing address GFL Environmental PO BOX 555193 Detroit, MI 48255-5193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,217.56
3.54 Nonpriority creditor's name and mailing address Green Pines MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.55 Nonpriority creditor's name and mailing address Greenstate Credit Union Attn: Legal P.O. Box 800 North Liberty, IA 52317-0800 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.56 Nonpriority creditor's name and mailing address Huggins, Davis, & Associates, LLP 503 N Elm Street Lumberton, NC 28358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
3.57 Nonpriority creditor's name and mailing address Jake Ray and Sons Sewer and Excavating 1529 Carolina Ave Springfield, IL 62702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
3.58 Nonpriority creditor's name and mailing address James Blount Attn: Stephen C. McIntyre Mussel White, Mussel White, Branch PO Box 1448 Lumberton, NC 28359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
3.59	Nonpriority creditor's name and mailing address Jim Staff Carpet Inc 304 W. Browning Rd Springfield, IL 62707 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,103.61
3.60	Nonpriority creditor's name and mailing address John C. Bircher, III John C. Bircher III, Trustee 209 Pollock St New Bern, NC 28560-4942 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.61	Nonpriority creditor's name and mailing address John Deere Financial PO Box 4450 Carol Stream, IL 60197-4450 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,160.26
3.62	Nonpriority creditor's name and mailing address Johnny Carroll 109 Cupid Court North Augusta, SC 29860 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,781.32
3.63	Nonpriority creditor's name and mailing address Jonathan Morton Huggins, Davis & Associates PO Box 1571 Lumberton, NC 28359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address Joseph Zachary Frost Buckmiller, Boyette & Frost, PLLC 4700 Six Forks Rd Suite 150 Raleigh, NC 27609-5288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.65	Nonpriority creditor's name and mailing address Josh Stein NC Attorney General 9001 Mail Service Center Raleigh, NC 27699-9000 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
3.66	Nonpriority creditor's name and mailing address Julio Cesar Ramirez 225 Heartwood Dr Raeford, NC 28376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.67	Nonpriority creditor's name and mailing address Justin K. Humphries The Humphries Law Firm, PC 1904 Eastwood Rd, Suite 310A Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.68	Nonpriority creditor's name and mailing address Kenneth Love Karrenstein and Love, PLLC 10590 Independence Pointe Pkwy Suite 200 Matthews, NC 28105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.69	Nonpriority creditor's name and mailing address Kesaundra Purdie, as Guardian Attn: Stephen C. McIntyre Mussel White, Mussel White, Branch PO Box 1448 Lumberton, NC 28359 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.70	Nonpriority creditor's name and mailing address Kevin C. Baltz Butler Snow, LLP 150 3rd Avenue South, Suite 1600 Nashville, TN 37201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.71	Nonpriority creditor's name and mailing address KIA Finance America PO Box 650805 Dallas, TX 75265-0805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$631.52
3.72	Nonpriority creditor's name and mailing address Laiken Estates MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434	
3.73	Nonpriority creditor's name and mailing address Lisa P. Sumner 4141 Parklake Ave Suite 200 Raleigh, NC 27612-2333 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.74	Nonpriority creditor's name and mailing address Littlefield Village MHP, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.75	Nonpriority creditor's name and mailing address Littleton Storm & Timber Services, Inc 1615 Sugar Hollow Road Jacksonville, IL 62650 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,200.00
3.76	Nonpriority creditor's name and mailing address M&S Landscaping LLC 3954 Airport Road Clarkton, NC 28433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,600.00
3.77	Nonpriority creditor's name and mailing address Metron Sustainable Services, Inc 5665 Airport Blvd, Suite 105 Boulder, CO 80301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,551.00
3.78	Nonpriority creditor's name and mailing address Michael Leon Martinez 521 East Morehead Street Suite 440 Charlotte, NC 28202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only - Receiver Counsel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.79	Nonpriority creditor's name and mailing address Morgan County Treasurer Attn: Manager, Officer, Agent 300 West State St Jacksonville, IL 62650-2063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Top Park Services, LLC		Case number (if known)	24-03434
	Name			

3.80	Nonpriority creditor's name and mailing address Navitas Credit Corp PO Box 935204 Atlanta, GA 31193-5204 Date(s) debt was incurred ____ Last 4 digits of account number <u>1083</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$23,616.00</u>
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3.81	Nonpriority creditor's name and mailing address Navitas Credit Corp PO Box 935204 Atlanta, GA 31193-5204 Date(s) debt was incurred ____ Last 4 digits of account number <u>5556</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$67,052.00</u>
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3.82	Nonpriority creditor's name and mailing address Navitas Credit Corp PO Box 935204 Atlanta, GA 31193-5204 Date(s) debt was incurred ____ Last 4 digits of account number <u>5564</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$87,612.00</u>
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3.83	Nonpriority creditor's name and mailing address Navitas Credit Corp PO Box 935204 Atlanta, GA 31193-5204 Date(s) debt was incurred ____ Last 4 digits of account number <u>5568</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$33,195.00</u>
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3.84	Nonpriority creditor's name and mailing address Navitas Credit Corp PO Box 935204 Atlanta, GA 31193-5204 Date(s) debt was incurred ____ Last 4 digits of account number <u>0237</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$43,127.00</u>
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3.85	Nonpriority creditor's name and mailing address NC Department of Revenue Office Serv. Div, Bankruptcy Unit P.O. Box 1168 Raleigh, NC 27602-1168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
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3.86	Nonpriority creditor's name and mailing address Neil C. Bender II 401 E Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$19,310.31</u>
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Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.87 Nonpriority creditor's name and mailing address Pamela Lewis Attn: Richard Clarke Speaks Speaks Law Firm 902 Market Street Wilmington, NC 28401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.88 Nonpriority creditor's name and mailing address Park Lake Financial Solutions Attn: Manager, Officer, Agent 108 Mactanly Pl Staunton, VA 24401-2373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.89 Nonpriority creditor's name and mailing address Patch Place MHC, LLC Attn: Manager, Officer, Agent 1030 North Grand Ave West East Building Springfield, IL 62702-4040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.90 Nonpriority creditor's name and mailing address Philip Earl Locklear Jr 962 Eddie Sampson Rd Pembroke, NC 28372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,989.00
3.91 Nonpriority creditor's name and mailing address Piedmont Natural Gas PO Box 1246 Charlotte, NC 28201-1246 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23.54
3.92 Nonpriority creditor's name and mailing address Pine Log MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.93 Nonpriority creditor's name and mailing address Pinewood MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.94 Nonpriority creditor's name and mailing address Pitney Bowes P.O. Box 85390 Louisville, KY 40285 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$148.74
3.95 Nonpriority creditor's name and mailing address Pleasant Hope MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.96 Nonpriority creditor's name and mailing address Preston W. Rollero Hedrick Gardner Kincheloe & Garofalo, LL 4131 Parklake Ave, Suite 300 Raleigh, NC 27612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.97 Nonpriority creditor's name and mailing address Quality Equipment 2214 N Main Street Fuquay Varina, NC 27526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,936.73
3.98 Nonpriority creditor's name and mailing address Randy Paswater Barber, Segatto, Hoffee, Wilke & Cate 831 E. Monroe Springfield, IL 62701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.99 Nonpriority creditor's name and mailing address Republic Services, Inc. PO Box 9001154 Louisville, KY 40290-1154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,114.11
3.100 Nonpriority creditor's name and mailing address Ridgefield MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Name	Case number (if known)	
	Top Park Services, LLC	24-03434	
3.101	Nonpriority creditor's name and mailing address Right Edge Lawn Care Inc 3213 Saint Francis Dr Springfield, IL 62703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$22,500.00
3.102	Nonpriority creditor's name and mailing address Robert Ivey 1177 Watts Dairy Road Saint Pauls, NC 28384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,900.00
3.103	Nonpriority creditor's name and mailing address Ross B. Hofherr Harris Beach, PLLC Attorneys at Law 100 Wall Street New York, NY 10005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.104	Nonpriority creditor's name and mailing address Royal Supply 835 North Valley Dell Dr Fenton, MO 63026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.105	Nonpriority creditor's name and mailing address Sampson County Tax Collector Attn: Manager, Officer, Agent 406 County Complex Rd Clinton, NC 28328-4847 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.106	Nonpriority creditor's name and mailing address Sangamon County Tax Collector Attn: Manager, Officer, Agent 200 South 9th St Springfield, IL 62701-1608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.107	Nonpriority creditor's name and mailing address Santana Deese Attn: Rebecca Laton Legal Aid of NC PO Box 939 Pembroke, NC 28372 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Name	Case number (if known)	24-03434
Top Park Services, LLC 3.108 Nonpriority creditor's name and mailing address Schoolview MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.109 Nonpriority creditor's name and mailing address Scottsdale MHP, LLC Attn: Manager, Officer, Agent 1030 North Grand Ave West East Building Springfield, IL 62702-4040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.110 Nonpriority creditor's name and mailing address Secretary of Treasury Attn: Managing Agent 1500 Pennsylvania Ave NW Washington, DC 20220-0001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.111 Nonpriority creditor's name and mailing address Spectrum Business P.O. Box 4617 Carol Stream, IL 60197-4617 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$461.00
3.112 Nonpriority creditor's name and mailing address Style Crest, Inc. PO Box 8673 Carol Stream, IL 60197-8673 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,788.02
3.113 Nonpriority creditor's name and mailing address Taylor Park MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.114 Nonpriority creditor's name and mailing address Taylor's Bridge MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor Top Park Services, LLC Name		Case number (if known) 24-03434
3.115	Nonpriority creditor's name and mailing address The Burlington Insurance Company PO Box 198989 Atlanta, GA 30384-8989 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,989.55 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address The Humphries Law Firm, P.C. 1904 Eastwood Road, Suite 310A Wilmington, NC 28403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$589.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address Thompson, Price, Scott, Adams & Co., PA P.O. Box 398 1626 S. Madison St Whiteville, NC 28472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$240,320.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Professional fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address Time Out Communities, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address Time Out MHP, LLC Attn: Manager, Officer, Agent 8 The Green Suite R Dover, DE 19901-3618 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120	Nonpriority creditor's name and mailing address Top Park Maintenance Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$60.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.121	Nonpriority creditor's name and mailing address Top Park Services, LLC Attn: Manager, Officer, Agent 401 East Las Olas Blvd Suite 130-161 Fort Lauderdale, FL 33301-2210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)	
Top Park Services, LLC	24-03434	
3.122 Nonpriority creditor's name and mailing address TOPPOS LLC 401 East Las Olas Blvd Suite 130-161 Fort Lauderdale, FL 33301-2210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.123 Nonpriority creditor's name and mailing address TRIGILD IVL Attn: Ian Lagowitz, Agent 4131 N. Central Express Way Dallas, TX 75204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Notice Only - Receiver Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.124 Nonpriority creditor's name and mailing address True IP Solutions LLC PO Box 100 Hampstead, NC 28443 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,970.15
3.125 Nonpriority creditor's name and mailing address Turner Park MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.126 Nonpriority creditor's name and mailing address US Bank PO BOX 790448 Saint Louis, MO 63179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,374.50
3.127 Nonpriority creditor's name and mailing address Verizon Wireless P.O. Box 660108 Dallas, TX 75266-0108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,047.80
3.128 Nonpriority creditor's name and mailing address Veteran's Lawn Service 260 Prairie Grass Rd Chatham, IL 62629 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,050.98

Debtor	Top Park Services, LLC <small>Name</small>	Case number (if known)	24-03434
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3.129	Nonpriority creditor's name and mailing address Victoria Estates MHC, LLC Attn: Manager, Officer, Agent 401 E 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.130	Nonpriority creditor's name and mailing address Webhouse 226 7th Street, Suite 201 Garden City, NY 11530-5723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,935.00
3.131	Nonpriority creditor's name and mailing address West Estates MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.132	Nonpriority creditor's name and mailing address White Sands MHC, LLC Attn: Manager, Officer, Agent 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.133	Nonpriority creditor's name and mailing address Wysteria Village MHC, LLC 401 East 11th St Lumberton, NC 28358-4807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Brown Investment Properties, Inc. 1007 Battleground Ave, Suite 400 Greensboro, NC 27408	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	CHC TN LLC 520 W. Summit Hill Drive, Suite 801 Knoxville, TN 37902-2006	Line <u>3.28</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Name	Case number (if known)	24-03434
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	Damisha Fairley Attn: Sabrina O. Leshore-Cummings PO Box 13 Lumberton, NC 28359	Line <u>3.41</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Erickson Cira, Valencia Joseph, et al., Attn: Carl Adam Barrington, III Armstrong Barrington, PLLC PO Drawer 1148 Fayetteville, NC 28302	Line <u>3.50</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Internal Revenue Service Attn: Special Procedures P.O. Box 34045 Stop 572 Jacksonville, FL 32202	Line <u>2.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	Littleton Storm & Timber Services, Inc. Attn: Bradley B. Wilson, Esq. Gates Wise Schlosser & Goebel 1231 South Eighth Street Springfield, IL 62703	Line <u>3.75</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	Navitas Credit Corp 201 Executive Center Drive, Suite 100 Columbia, SC 29210	Line <u>3.81</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	Navitas Credit Corp 201 Executive Center Drive, Suite 100 Columbia, SC 29210	Line <u>3.82</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	Navitas Credit Corp 201 Executive Center Drive, Suite 100 Columbia, SC 29210	Line <u>3.83</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	Style Crest, Inc Attn: Manager, Officer, Agent 2626 Glenwood Ave Suite 550 Raleigh, NC 27608-1370	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Style Crest, Inc 2450 Enterprise St Fremont, OH 43420-8553	Line <u>3.112</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>34,679.77</u>
5b. +	\$ <u>1,183,292.26</u>
5c.	\$ <u>1,217,972.03</u>

Fill in this information to identify the case:

Debtor name **Top Park Services, LLC**

United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**

Case number (if known) **24-03434**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest [List available upon request for privacy purposes.]

State the term remaining

List the contract number of any government contract

586 Tenant Leases

2.2. State what the contract or lease is for and the nature of the debtor's interest **Background Services**

State the term remaining

List the contract number of any government contract

**AmRent
PO Box 640495
Pittsburgh, PA 15264-0495**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lawn Service**

State the term remaining

List the contract number of any government contract

**England Property Management
225 Parkview Dr
Sherman, IL 62684**

2.4. State what the contract or lease is for and the nature of the debtor's interest **IL Office Space**

State the term remaining

List the contract number of any government contract

**P & E Properties
1030 N. Grand Ave W
Springfield, IL 62702**

Debtor 1 **Top Park Services, LLC**
 First Name Middle Name Last Name

Case number (if known) **24-03434**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Management Software**
 State the term remaining
 List the contract number of any government contract **Rent Manager / PayLease**
9140 Waterstone Blvd
Cincinnati, OH 45249

2.6. State what the contract or lease is for and the nature of the debtor's interest **Auto Insurance**
 State the term remaining
 List the contract number of any government contract **Selective Insurance**
PO Box 371468
Pittsburgh, PA 15250-7468

2.7. State what the contract or lease is for and the nature of the debtor's interest **Cell Phone**
 State the term remaining
 List the contract number of any government contract **T-Mobile**
PO Box 742596
Cincinnati, OH 45274-2596

2.8. State what the contract or lease is for and the nature of the debtor's interest **Cell Phone**
 State the term remaining
 List the contract number of any government contract **Verizon**
PO Box 660108
Dallas, TX 75266-0108

2.9. State what the contract or lease is for and the nature of the debtor's interest **Lawn Service**
 State the term remaining
 List the contract number of any government contract **Veteran's Lawn Service**
260 Prairie Grass Rd
Chatham, IL 62629

Debtor 1 **Top Park Services, LLC**

First NameMiddle NameLast Name

Case number (if known) **24-03434**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest

Sales Platform

State the term remaining

List the contract number of any government contract

Zoho
4141 Hacienda Dr
Pleasanton, CA 94588

Fill in this information to identify the case:

Debtor name **Top Park Services, LLC**United States Bankruptcy Court for the: **EASTERN DISTRICT OF NORTH CAROLINA**Case number (if known) **24-03434**☐ Check if this is an amended filingOfficial Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Abbot Park MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Alamac Village MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Alamac Village MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Santana Deese	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.107</u> <input type="checkbox"/> G _____
2.4	Big C's MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Brando Management Services, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Brittany Court MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.7	Bullock MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.8	Cedarbrook Estates MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.9	Central Park 2 MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.10	Central Park 3 MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.11	City View MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.12	Eaglewood MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.13	Grand Valley MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.14	Kathryn A. Ingram	48 Ridgecrest Court Lumberton, NC 28358	Kesaundra Purdie, as Guardian	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
<hr/>				
2.15	Littlefield Valley MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.16	Maple Creek MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.17	Matthew W. Ring	2805 East Oakland Park Blvd, Suite 438 Fort Lauderdale, FL 33306	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.18	Mediterranean Avenue LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.19	MR Property Group, Ltd.	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.20	Neil C. Bender, II	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.21	Pine Run Park MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.22	Pine Run Park MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Damisha Fairley	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.41</u> <input type="checkbox"/> G _____
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2.23	Prairie Knolls MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.24	Ridgefield MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Kesaundra Purdie, as Guardian	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
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2.25	Rolling Acres MHC, LLC	FDBA Rolling Hills Mobile Estates MHC 401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.26	Scottsdale MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.27	Taylor Park MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
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2.28	Time Out Communities, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	James Blount	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
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2.29	Time Out Communities, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Kesaundra Purdie, as Guardian	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.69</u> <input type="checkbox"/> G _____
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Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.30	Time Out Properties, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.31	Time Out Properties, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Damisha Fairley	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.41</u> <input type="checkbox"/> G _____
<hr/>				
2.32	Time Out Properties, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Pamela Lewis	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.87</u> <input type="checkbox"/> G _____
<hr/>				
2.33	TOPPOS, LLC	401 E. 11th Street Lumberton, NC 28358	James Blount	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
<hr/>				
2.34	Turner Park MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	James Blount	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.58</u> <input type="checkbox"/> G _____
<hr/>				
2.35	Waynesville Plantation MHP, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.36	West Park MHC, LLC	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				
2.37	Wysteria Village MHC, LLC	401 East 11th St Lumberton, NC 28358-4807	21st Mortgage Corporation	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
<hr/>				

Debtor Top Park Services, LLC

Case number *(if known)* 24-03434

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor

Column 2: Creditor

Fill in this information to identify the case:Debtor name Top Park Services, LLCUnited States Bankruptcy Court for the: EASTERN DISTRICT OF NORTH CAROLINACase number (if known) 24-03434☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**
From 1/01/2024 to **Filing Date****Sources of revenue**
Check all that apply☒ Operating a business☐ Other _____**Gross revenue**
(before deductions and exclusions)\$232.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**
*Check all that apply*3.1. **See Attached Exhibit "A"**

- ☐ Secured debt
- ☐ Unsecured loan repayments
- ☐ Suppliers or vendors
- ☐ Services
- ☐ Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership

Debtor **Top Park Services, LLC**Case number (if known) **24-03434**

debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. See Attached Exhibit "B"			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	John C. Bircher, III, Chapter 7 Trustee for TOPPOS, LLC v. Top Park Services, LLC, Time Out Properties, LLC, Cedarbrook Estates MHP, LLC, Grand Valley MHP, LLC, Maple Creek MHP, LLC, Prairie Knolls MHP, LLC, and Rolling Acres MHC, LLC 24-00114	Bankruptcy Adversary Proceeding	US Bankruptcy Court Eastern District of North Carolina Fayetteville Division 300 Fayetteville Street Raleigh, NC 27601	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	James Blount v. Turner Park MHC, LLC, Time Out Communities, LLC, TOPPOS, LLC, Top Park Services, LLC 22-CVS-1725	Civil	Superior Court Division North Carolina Robeson County 500 N. Elm St Lumberton, NC 28359	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Santana Deese v. Alamac Village MHC, LLC; Top Park Services, LLC previously Brando Management Services, LLC 22-CV-00975	Civil	General Court of Justice North Carolina Robeson County 500 N. Elm St Lumberton, NC 28359	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **Top Park Services, LLC**Case number (if known) **24-03434**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.4.	Damisha Fairley v. Top Park Services, LLC, Brando Management Services, LLC, and Pine Run Park MHP, LLC 21-CV-03079	Civil	General Court of Justice North Carolina Robeson County 500 N. Elm St Lumberton, NC 28359	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Kesaundra Purdie, as Guardian ad Litem for Janoviah Purdie v. Kathryn A. Ingram; Ridgefield MHC, LLC; Top Park Services, LLC; and Time Out Communities, LLC 24-CVS-1876	Civil	Superior Court Division North Carolina Robeson County 500 N. Elm St Lumberton, NC 28359	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	21st Mortgage Corporation v. TOPPOS LLC, Top Park Services, LLC, et al., 2024LA21	Civil	Circuit Court for the 7th Circuit Morgan County, Illinois 300 W. State Street Jacksonville, IL 62650	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7.	21st Mortgage Corporation v. Prairie Knolls, MHP, LLC, et al., 7:24-cv-00086-M-RJ	Civil	US District Court Eastern District of North Carolina PO Box 25670 Raleigh, NC 27611	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).</p>		

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

Debtor **Top Park Services, LLC**Case number (if known) **24-03434**☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Shraiberg Page PA 2385 NW Executive Center Dr Suite 300 Boca Raton, FL 33431	Attorney Fees	9/12/2024	\$30,000.00
	Email or website address bss@slp.law			
	Who made the payment, if not debtor? Neil C. Bender, II			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

Debtor **Top Park Services, LLC**Case number (if known) **24-03434****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Report all notices, releases, and proceedings known, regardless of when they occurred.****22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.	Dates business existed
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26. Books, records, and financial statements**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
26a.1. Thompson and Price CPA Alan Thompson and Chuck Dabney 1001 Winstead Drive, Ste 255 Cary, NC 27513	2021 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address	If any books of account and records are unavailable, explain why
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Debtor **Top Park Services, LLC**Case number (if known) **24-03434****Name and address****If any books of account and records are unavailable, explain why**

26c.1. **Thompson and Price CPA**
Alan Thompson and Chuck Dabney
1001 Winstead Drive, Ste 255
Cary, NC 27513

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory**Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Neil C. Bender, II	401 E. Las Olas Blvd, Ste 130-161 Fort Lauderdale, FL 33301	Manager	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
Mark King		COO & Chief Legal Counsel	Resigned 9/30/2024

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See Attached Exhibit "B"			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Top Park Services, LLC

Case number (if known) 24-03434

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 15, 2024

/s/ Neil Carmichael Bender, II

Signature of individual signing on behalf of the debtor

Neil Carmichael Bender, II

Printed name

Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☒ Yes

SOFA #3 - Exhibit A

Bank Register

Date Range: 6/20/24 - 9/20/24

Bank Account		Order By	Actual Balance		Cleared Balance	
8 - Top Park Serv		Date Ascending	10,990.14		22,557.12	
Date	Reference	Information	C	Deposit	Payment	Balance
06/20/24	D13092	Transfer from TPS to	X	0.00	25,000.00	172,072.51
06/20/24	D13102	Transfer from TPS to	X	0.00	60,000.00	139,312.68
06/20/24	ACH	Chris Pettit : lot 21 brittany court, MINOR : S.DOOR /WINDOW 7 Maple Creek, MAJOR :Secure Door 37 Rolling JAX, Stove- SHA	X	0.00	10,476.00	124,737.73
06/21/24	EFT	Neil C. Bender II : 2024 01 Mike Bender reimbursement - AMEX 11006, 51004, 08004, 2024 02 Mike Bender	X	0.00	28,676.41	85,738.44
06/27/24	EFT	Gusto : W2 PR 06/09/2024-0	X	0.00	28,541.43	99,018.70
06/27/24	EFT	Gusto : W2 PR 06/09/2024-0	X	0.00	11,831.61	87,187.09
06/27/24	EFT	Gusto : 1099 Payroll	X	0.00	9,516.67	77,187.81
06/27/24	ACH	Taylor's Heating & Air Conditioning :	X	0.00	8,450.00	62,010.95
06/27/24	D13133	Transfer from TPS to	X	0.00	44,450.00	11,601.89
06/30/24		Top Park Services, LLC :	X	0.00	45,036.06	-13,666.55
06/30/24		Top Park Services, LLC :	X	0.00	16,016.26	15,353.25
07/01/24	EFT	Red Fox Capital Mortgage	X	0.00	10,945.15	24,486.06
07/01/24	EFT	Red Fox Capital Mortgage Fund, LP : TOC III - Cape Fear MHC LLC, Pinewood MHC LLC,	X	0.00	13,439.50	11,046.56
07/02/24	1055	Barber, Segatto, Hoffee,	X	0.00	12,000.00	34,123.34
07/03/24	EFT	Blue Cross Blue Shield :	X	0.00	11,159.78	88,394.05
07/04/24	EFT	American Express : AMEX Gold travel	X	0.00	11,645.20	75,700.40
07/05/24	EFT	City of Lumberton : 41-	X	0.00	12,149.31	148,389.00
07/05/24	ACH	CWLP : 070928500 -	X	0.00	14,657.35	130,143.07
07/08/24	ACH	Selective Insurance Company of America : 935-464-255 TPS Auto	X	0.00	27,547.00	207,945.50
07/08/24	ACH	CWLP : 124665184 - 00283356 - GVV 1500 N Grand read 6/12, 124665400 - 00283356 - GVV 1 Shennadoh HM	X	0.00	27,489.70	180,455.80

		CWLP : 124665184 -				
		00283356 - GVV				
07/08/24	AV1787	Thompson, Price, Scott, Adams & Co., PA, Mar 2024 Services	X	0.00	30,000.00	223,651.34
07/09/24	EFT	First Insurance Funding : Loan 100237015 - Tokio Marine - Personal	X	0.00	22,355.15	339,486.79
07/09/24	ACH	Cregger Company, INC : HVAC : MOVE, HVAC: AC UNIT , HVAC: MOVE, HVAC: AC UNIIT,	X	0.00	20,110.58	319,557.24
07/10/24	EFT	Gusto : 1099 Payroll	X	0.00	8,414.67	300,054.01
07/10/24	D13208	Transfer from TPS to	X	0.00	50,000.00	343,276.62
07/10/24	D13210	Transfer from 1094 to 1102	X	0.00	25,000.00	318,276.62
07/10/24	EFT	Neil C. Bender II : 2024 03 Mike Bender Reimbursement - AMEX 08004; 51004; 11006, 2024 04 Mike	X	0.00	25,000.00	293,129.16
07/11/24	EFT	Gusto : W2 PR 06/25/2024-0	X	0.00	29,477.19	311,466.92
07/11/24	EFT	Gusto : W2 PR tax	X	0.00	12,324.75	299,142.17
07/11/24	ACH	David E. Hunt : 1st cut - Abbott, CP2, CP3, Alamac, Schoolview, Pine Run, 2nd cut - Abbott, CP2, CP3,	X	0.00	10,300.00	332,491.39
07/11/24	EFT	Veteran's Lawn Service :	X	0.00	13,050.52	308,155.11
07/11/24	ACH	England Property	X	0.00	21,020.00	287,135.11
07/11/24	D13216	Transfer from TPS to	X	0.00	50,000.00	237,135.11
07/11/24	EFT	Neil C. Bender II : 2024 05 Mike Bender Reimbursement - AMEX	X	0.00	10,000.00	227,100.93
07/12/24	D13220	Transfer from TPS to	X	0.00	50,000.00	185,888.62
07/12/24	D13221	Transfer from 1094 to 1102	X	0.00	20,000.00	165,888.62
07/15/24	D13228	Transfer from TPS to	X	0.00	21,850.00	177,190.72
07/15/24	AV1803	Blackwell Landscaping, LLC	X	0.00	7,600.00	167,351.42
07/20/24	EFT	Neil C. Bender II : 2024 05 Mike Bender Reimbursement - AMFX	X	0.00	30,937.40	200,615.68
07/24/24	D13271	Transfer from 1094 to TPS	X	0.00	85,100.00	174,138.80
07/29/24	EFT	Gusto : W2 PR 07/09/2024-0	X	0.00	25,300.69	155,837.65
07/29/24	EFT	Gusto : 1099 Payroll	X	0.00	11,429.17	144,408.48
07/29/24	EFT	Gusto : W2 PR 07/09/2024-0	X	0.00	10,976.19	147,536.86
07/31/24		Top Park Services, LLC :	X	0.00	44,243.51	131,206.50
07/31/24		Top Park Services, LLC :	X	0.00	15,413.27	162,496.56
08/01/24	EFT	Red Fox Capital Mortgage	X	0.00	11,309.98	166,599.85
08/01/24	EFT	Red Fox Capital Mortgage Fund, LP : TOC III - Cape Fear MHC LLC, Pinewood MHC LLC,	X	0.00	13,887.48	152,712.37
08/01/24	EFT	All Pro Waste Service, LLC	X	0.00	15,895.00	132,297.58
08/01/24	EFT	Veteran's Lawn Service :	X	0.00	13,050.52	106,295.76
08/05/24	ACH	Selective Insurance Company of America : 935-464-255 TPS Auto	X	0.00	13,777.00	246,517.02
08/05/24	EFT	City of Lumberton : 41-	X	0.00	16,295.93	214,492.80
08/05/24	ACH	CWLP : 070928500 -	X	0.00	9,137.88	200,302.84
08/06/24	EFT	First Insurance Funding : Loan 100237015 - Tokio Marine - Personal	X	0.00	22,355.15	311,524.56
08/06/24	ACH	CWLP : 124662000 -	X	0.00	28,524.34	283,000.22

		00283356 - GVV 19 Stone 7/14, 124665632 - 00283356 - GVV 17 Shennadoh 7/14, 124666560 - 00283356 - GVV 7 Double				
08/06/24	D13335	Transfer from 1094 to 1102	X	0.00	25,000.00	237,388.91
08/06/24	AV1818	Thompson, Price, Scott,	X	0.00	22,500.00	213,387.51
08/07/24	EFT	American Express : AMEX Gold travel	X	0.00	9,687.59	260,729.17
08/07/24	EFT	Neil C. Bender II : 2024 06 Mike Bender Reimbursement - AMFX	X	0.00	12,000.00	273,894.97
08/08/24	EFT	All Pro Waste Service, LLC	X	0.00	14,432.00	310,915.68
08/08/24	EFT	Veteran's Lawn Service :	X	0.00	12,587.98	298,327.70
08/09/24	D13348	Transfer from 1094 to 1102	X	0.00	32,502.34	287,840.54
08/09/24	D13354	Transfer from 1094 to 1102	X	0.00	27,107.68	260,201.86
08/13/24	EFT	Gusto : 1099 payroll	X	0.00	8,291.67	259,024.41
08/13/24	EFT	Gusto : W2 payroll 7/26/24-8,	X	0.00	25,736.68	233,287.73
08/13/24	EFT	Gusto : W2 payroll tax 7/26/2	X	0.00	11,058.00	221,745.31
08/15/24	ACH	David E. Hunt : Alamac / Abbott / Pine Run / CP2 / CP3, Alamac / Abbott / Pine Run / CP2 / CP3, Alamac /	X	0.00	10,387.00	264,280.30
08/15/24	ACH	England Property	X	0.00	19,680.00	235,470.69
08/16/24	ACH	Shapiro Real Estate Group : Schoolview 6/21-7/31 rents	X	0.00	57,460.26	177,672.99
08/16/24	ACH	Shapiro Real Estate Group : Eaglewood 6/21-7/31 rents	X	0.00	25,000.00	152,672.99
08/19/24	ACH	Shapiro Real Estate Group : Eaglewood 6/21-7/31 rents	X	0.00	38,632.15	137,406.07
08/19/24	ACH	Shapiro Real Estate Group :	X	0.00	47,509.47	89,896.60
08/21/24	ACH	Shapiro Real Estate Group : Waynesville 6/21-7/31 rents	X	0.00	75,000.00	16,705.06

			Shapiro Real Estate Group : Waynesville 6/21-7/31 rents			
08/21/24	EFT	Neil C. Bender II : 2024 07 Mike Bender Reimbursement - AMFX	X	0.00	21,308.26	5,927.48
08/28/24	EFT	Gusto : W2 payroll 8/9/24-8/2	X	0.00	13,134.65	33,943.97
08/29/24	EFT	Gusto : W2 Payroll 8/9/24-8/2	X	0.00	10,765.46	4,191.36
08/31/24		Top Park Services, LLC :	X	0.00	44,337.99	-27,922.99
09/03/24	EFT	Gusto : W2 payroll 8/9/24-8/2	X	0.00	8,764.96	7,803.94
09/03/24	EFT	Law Office of Chris Karrenste	X	0.00	10,000.00	10,897.28
09/04/24	EFT	Blue Cross Blue Shield :	X	0.00	8,594.83	101,870.63
09/04/24	EFT	Neil C. Bender II : Wells Fargo VISA as bad debt recovery - taken directly from	X	0.00	25,921.97	70,092.93
09/04/24	EFT	Red Fox Capital Mortgage	X	0.00	11,309.98	64,076.80
09/04/24	EFT	Red Fox Capital Mortgage Fund, LP : TOC III - Cape Fear MHC LLC, Pinewood MHC LLC, True IP Solutions LLC :	X	0.00	13,887.48	50,189.32
09/04/24	AV1833	VOIP bundle / Virtual Fax, VOIP bundle / Virtual Fax	X	0.00	8,259.30	41,930.02
09/04/24	D13449	Transfer from 1094 to 1151 -	X	0.00	8,200.00	33,730.02
09/06/24	EFT	Brown Investment Properties :	X	0.00	18,625.23	190,493.52
09/09/24	ACH	CR2/CR3/Turnover not Selective Insurance Company of America : 935-464-255 TPS Auto	X	0.00	13,777.00	205,307.13
09/09/24	D13473	Transfer from TPS to	X	0.00	75,000.00	118,853.13
09/09/24	ACH	CWLP : 124666560 - 00283356 - GVV 7 Double Dr read 8/14, 124662702 - 00283356 - GVV 20 Lovell read 8/12, 124661600 - 00283356 - GVV	X	0.00	8,592.41	112,396.31
09/10/24	D13483	Transfer from TPS to	X	0.00	75,000.00	84,702.25
09/11/24	D13488	Transfer from TPS to	X	0.00	19,300.00	103,069.74
09/12/24	EFT	Gusto : W2 Payroll 8/26/24-9	X	0.00	24,676.85	77,941.90
09/12/24	EFT	Gusto : W2 Payroll tax 8/26/2	X	0.00	10,154.88	65,474.52
09/12/24	EFT	All Pro Waste Service, LLC	X	0.00	14,465.00	43,154.13
09/18/24	EFT	Neil C. Bender II : 2024 08 Mike Bender Reimbursement	X	0.00	16,796.27	51,447.69
09/18/24	EFT	First Insurance Funding : Loan 100237015 - Tokio Marine - Personal	X	0.00	23,472.91	26,611.10
09/18/24	ACH	CWLP : 124662662 - GVV	X	0.00	8,974.94	10,399.84
09/18/24	ACH	CWLP : 070928500 -	X	0.00	10,335.87	-152.50
09/18/24	1061	Barber, Segatto, Hoffee, Wilke & Cate, LLP Attorneys	X	0.00	8,875.72	-21,127.84

SOFA #4 AND #30 - EXHIBIT B

Date	Lot Name	Reference	Description	Tenant	Nar	Debit	Credit	Balance	Park	Account Name	Account Ty	Amount
2/22/2021 0:00		J6076	Amex payment ending			-	\$ 483.34	\$ 842,949.41	TPS	3003 Owner Contribution	Equity	JOURNL \$ (483.34)

